



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE  
HEALTH AFFAIRS

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TRICARE  
MANAGEMENT ACTIVITY

PRO

CHANGE 143  
6010.49-M  
SEPTEMBER 22, 1999

PUBLICATIONS SYSTEM CHANGE TRANSMITTAL  
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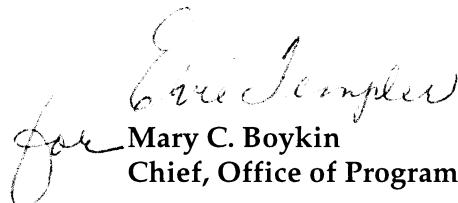
The TRICARE Management Activity has authorized the following change(s) to 6010.49-M, reissued July 1992.

PAGE CHANGE(S): See pages 2 and 3.

REMOVE AND INSERT PAGE(S): See pages 2 and 3.

SUMMARY OF CHANGE(S): This change updates the requirements for Medicare + Choice, the Cancer Prevention and Treatment Clinical Trials Demonstration, and the reporting data for enrollment portability. The language in the Program Integrity chapter was revised to meet the requirements of the Health Insurance Portability Act and Balanced Budget Act. For a detailed list of additional administrative changes see the attached summary sheet.

EFFECTIVE DATE AND IMPLEMENTATION: Upon direction of the Contracting Officer.

  
for Mary C. Boykin  
Chief, Office of Program Requirements

ATTACHMENT(S): 124 PAGES  
DISTRIBUTION: 6010.49-M

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## **SUMMARY OF CHANGES**

### **PART ONE**

#### **CHAPTER 1 - ADMINISTRATION**

1. Page 1.1.II-1 through 2. Insert language that was inadvertently removed in a previous package regarding migration from paper to electronic media.
2. Page 1.1.VIII-4. Removed language regarding the incoming contractor's responsibility for cases that go into long stay outliers.

### **PART TWO**

#### **CHAPTER 1 – CLAIMS PROCESSING PROCEDURES**

1. Page 2.1.I-2. Removed language regarding the contractor accepting electronic media claims that are Health Insurance Portability and Accountability Act compliant. This language will be reinserted once the Final Rule is published.

#### **CHAPTER 7 – PROGRAM INTEGRITY**

1. Page 2.7.II-5. Added a Note to clarify the process to be followed for TRICARE Senior Prime fraud cases.
2. Page 2.7.II-6. Added the following language “The contractor shall contact the TMA Program Integrity Office to ensure the case is not under active investigation.”
3. Page 2.7.III-3 through 4. Added language prohibiting Gag Clauses.
4. Page 2.7.VI-1 through 11. Language was revised to be in accordance with the requirements of the Health Insurance Portability Act and Balanced Budget Act. Department of Health and Human Services is now the authority for most exclusions, suspensions and terminations.
5. Page 2.7.C-2. Corrected the language to reflect “ninety (90) out of one hundred (100) observations.”

#### **CHAPTER 11 – DEFINITIONS**

1. Page 2.11-2. Added Department of Health and Human Services acronym.
2. Page 2.11-3. Added Office of Inspector General acronym.
3. Page 2.11-13. Added Conflict of Interest definition.
4. Page 2.11-17. Added Dual Compensation definition.
5. Page 2.11-18. Added definitions for Exclusion and Federal Health Care Program.
6. Page 2.11-19. Added definitions for Fraud and Gag Clause.
7. Page 2.11-31. Added Termination definition.

**CHAPTER 20 – DEMONSTRATIONS**

1. Addendum C. Updates language for the DoD Cancer Prevention and Treatment Clinical Trials Demonstration.
2. Addendum N. Updates language for the Medicare + Choice requirements.

**PART THREE**

**CHAPTER 2 – CONTRACTOR RESPONSIBILITIES FOR COORDINATION AND INTERFACE WITH LEAD AGENTS AND MTFs**

1. Page 3.2.III-1. Removed the following language “and the leasing of physical space for health care delivery or administration purposes” in order to support the contract language.

**CHAPTER 4 – MARKETING, ENROLLMENT AND SUPPORT SERVICES**

1. Page 3.4.II-8. Added reference regarding data reporting elements for enrollment portability.

**CHAPTER 6 – MANAGED CARE REPORTING REQUIREMENTS**

1. Page 3.6.I-4. Removed workload reporting guidelines reference.
2. Page 3.6.I-6. Added language regarding data reporting elements for enrollment portability.

